

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION**

**SUBSTANCE ABUSE (SA), HIV, & HEPATITIS PREVENTION
FOR MINORITY POPULATIONS & MINORITY REENTRY POPULATIONS
IN COMMUNITIES OF COLOR (SP 05-001)**

SHORT TITLE: *Minority SA/HIV/Hep Strategic Prevention Framework (SPF)*

ANNOUNCEMENT TYPE: INITIAL

Catalogue of Federal Domestic Assistance (CFDA) No. 93.243

Key Dates:

Application Deadline	Applications are due by March 17, 2005.
Intergovernmental Review (E.O. 12372)	Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/SSA Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

As authorized under Section 516 of the Public Health Service Act, the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) announces the availability of funds for its *Substance Abuse (SA), HIV, & Hepatitis Prevention for Minority Populations and Minority Reentry Populations in Communities Of Color* Initiative.

This initiative supports an array of activities to assist grantees in building a solid foundation for delivering and sustaining effective substance abuse prevention and related services.

Specifically, the program aims to engage community-level domestic public and private non-profit entities to prevent and reduce the onset of SA, and transmission of HIV and hepatitis among minority populations and minority reentry populations in communities of color disproportionately affected by SA, HIV/AIDS, and/or hepatitis.

While grantees will have substantial flexibility in designing their grant projects, all are required to base their projects on the five steps of SAMHSA's Strategic Prevention Framework (SPF) to build a service capacity specific to SA, HIV, and hepatitis prevention services.

2. EXPECTATIONS

Grantees will be funded for up to five years to implement SAMHSA's SPF in partnership with other State and community-level organizations. The Minority SA/HIV/Hep SPF program provides an effective prevention process, a direction and a common set of goals, expectations and accountabilities to be adopted and integrated on the community level. Grantees are required to provide leadership and coordination on the planning and implementation of the SPF project that targets minority populations and minority reentry populations in communities of color with high prevalence of SA, HIV/AIDS, and hepatitis.

2.1 ALLOWABLE ACTIVITIES

Moving SAMHSA's SPF from vision to practice is a strategic process that community stakeholders must undertake in partnership. The Minority SA/HIV/Hep SPF grant funds must be used primarily to support the implementation of the following **required** five steps of the SPF:

1. Conduct a community needs assessment:

Grantees are required to conduct an in-depth community (e.g., tribal jurisdictions, towns, cities, counties) needs assessment in areas reporting high rates of SA, HIV/AIDS, and hepatitis cases through collection and analysis of epidemiological data, that includes the following:

- Assessment of the magnitude of SA, HIV, and hepatitis in the catchment area,
- Assessment of risk and protective factors associated with SA, HIV, and hepatitis in the catchment area,

- Assessment of the number of individuals at risk for HIV and hepatitis due to substance abuse
- Assessment of the number of post-incarcerated individuals at risk for SA, HIV and hepatitis reentering minority communities
- Assessment of community assets and resources
- Identification of gaps in services and capacity
- Assessment of readiness to act
- Identification of priorities based on the epidemiological analyses, including the identification of target populations of greatest need to implement the SPF and specification of baseline data.

In order to complete the community needs assessment, grantees must form and manage a workgroup with key stakeholders or work with an existing epidemiological workgroup. The needs assessment should be broad enough to encompass the entire specified catchment area for the proposed project. If the grantee is already engaged in a needs assessment effort, they should work with a local or State epidemiological workgroup (i.e. SAMHSA's SPF State Incentive Grant Epidemiological Workgroup) to enhance and supplement the current process and its findings. SAMHSA expects that these data collection efforts will support on-going monitoring and evaluation throughout the five-year project period, as described in Step 5 (below). Applicants must be prepared to serve minority populations of greatest need, as determined in the needs assessment.

NOTE: Applicants who have recently completed a comprehensive community needs assessment should submit a copy of their needs assessment in Appendix 5 of their application. Successful applicants will be required to further conduct a needs assessment on reentry populations, if the focus on reentry populations is not reflected in the submitted documentation. Successful applicants with an approved needs assessment focused on both target populations may be able to receive up to five years of funding to carry out Steps 2-5 of the SPF.

2. **Mobilize and/or build capacity to address SA, HIV, and hepatitis prevention needs:**

It is important for grantees to develop and enhance local capacity and mobilize community resources in order to implement effective programs, practices, and strategies to prevent and reduce the onset of SA, and transmission of HIV and hepatitis among reentry populations and communities of color. The Minority SA/HIV/Hep SPF grantees must, therefore, engage in activities that include but are not limited to: training community stakeholders and service providers; forming linkages to care; and leveraging resources for program sustainability. Grantees are required to demonstrate planning and coordination of services with a local or State epidemiological workgroup (identified through their Single State Agency). To ensure coordination and successful implementation of the Minority SA/HIV/Hep SPF project, grantees are also required to collaborate and coordinate with key stakeholders or representatives from State and community level programs, including those listed below where applicable:

- Centers for Disease Control and Prevention's (CDC) National Center for HIV/AIDS, STD, TB Prevention's (NCHSTP) HIV Prevention Community Planning Groups
- Health Resources and Services Administration (HRSA) Ryan White Planning Councils
- Juvenile and adult criminal justice, correctional, parole systems and reentry programs
- National Immunization Program, and HIV/AIDS CDC funded projects
- Hepatitis prevention programs
- American Indian/Alaska Native tribal councils, Tribal community-based organizations, Tribal governments, and Indian Health Service-funded programs
- Support service programs for persons with HIV/AIDS and other infectious diseases

3. **Develop a Comprehensive Strategic Plan:**

Grantees are expected to develop a strategic plan resulting from the documented community needs assessment that articulates a vision for the Minority SA/HIV/Hep SPF project. Grantees must plan to provide culturally appropriate services to minority populations of greatest need, as determined by the needs assessment. The comprehensive strategic plan must be based on documented needs, the identified evidence-based practice for minority and reentry populations, resources/strengths, set measurable objectives and include the performance measures and baseline data against which progress will be monitored. The strategic plans must also focus on the need to provide hepatitis screening and linkages to services that provide immunization for hepatitis A or B. ***Assigned CSAP Project Officers must approve the strategic plan, which includes identified evidence-based practices, before implementation activities can begin.***

4. **Implement evidence-based prevention programs and infrastructure development activities:**

Grantees are expected to implement evidence-based behavioral interventions to prevent and reduce the onset of substance abuse and the transmission of HIV and Hepatitis in their local community of color with high prevalence of SA, HIV, and hepatitis, as determined through the needs assessment. Key services supported by the program's grant funds include:

- Outreach to identify minority populations and reentry populations at high risk for SA and transmission of HIV and hepatitis.
- Screening for SA, hepatitis*, and HIV (via rapid HIV testing**)
- Pre/Post SA and HIV counseling (before the administration of the rapid HIV test, during the waiting period for preliminary results and after preliminary results have been provided).
- SA, HIV/AIDS, and hepatitis education and prevention interventions for at-risk minority and minority reentry populations, their significant other(s), and family members;
- Referrals to appropriate medical treatment, counseling, and other supportive services for clients who are confirmed HIV positive; referrals to effective

counseling for persons who previously tested negative to decrease their risk of acquiring HIV.

- Referrals to hepatitis A and B immunization services.
- * **Project funds may be used for Hepatitis screening and testing (e.g., Hepatitis A and B in MSM; Hepatitis B and C in injection drug users) but NOT for immunizations against hepatitis A or B.**
- ** SAMHSA purchased OraQuick® ADVANCE Rapid HIV-1/2 Antibody Test kits, control kits, confirmatory kits, and confirmation laboratory services from OraSure Technologies, Inc. and will provide these products and services to qualified grantees at no cost. **To obtain SAMHSA's free rapid HIV test kits and free confirmation laboratory services, the Minority SA/HIV/Hep SPF grantees will be required to meet the following Readiness Requirements:**
 - a. **Grantees must complete the following trainings:**
 - Basic fundamentals of HIV/AIDS training, as recognized by the State.
 - State-certified HIV Counseling, Testing, and Reporting (CTR) Services
 - Fundamentals of Rapid HIV Testing and Pre/Post Test Prevention Counseling with the OraQuick® Rapid HIV-1 Antibody Test (*provided by SAMHSA or CDC, and State training, as required*).
 - b. **CLIA Certificate of Waiver:** Trained grantees must obtain a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver. Instructions on how to obtain this waiver are available on CDC's website at: www.cms.gov/clia/cliaapp.asp
 - c. **State regulations:** Grantees must adhere to their State HIV testing regulatory requirements. Copy of State compliance documentation on rapid HIV testing (i.e., HIV Prevention Counseling, Partner Notification, Disease Reporting protocol) must be provided. State agency contacts are listed at www.cms.gov/clia/ssa-map.asp
 - d. **Linkages to Care:** Trained service providers must provide a signed Memoranda of Understanding or Agreement demonstrating established referral networks for clients needing appropriate counseling, treatment, and support services. Linkages to care must consist of, but are not limited to, partnership(s) with: local health departments and AIDS service organizations to secure appropriate HIV/AIDS support resources including laboratory services, HIV/AIDS primary and behavioral health care services, Hepatitis services, and other necessary support services (e.g., insurance, housing, food, transportation).
 - e. **Rapid HIV Testing Quality Assurance Plan:** Trained service providers must provide a copy of their site's rapid testing policies, procedures, and Quality Assurance (QA) plan (i.e., records management, self-monitoring protocol, test reliability and validity, and use of control kits). For information on CDC's QA guidelines, visit: http://www.cdc.gov/hiv/rapid_testing/materials/QA-Guide.htm

f. Policies & Procedures: Grantee must provide a copy of the following policies and procedures before initiating SAMHSA's new rapid testing protocol:

- *Informed Consent form* – Grantee must have an informed consent form for clients to give consent to confidential or anonymous testing and HIV prevention and risk reduction counseling.
- *Legal/Ethical Policies* - Grantee must know their state laws regarding who may implement Counseling, Testing, and Referral (CTR) procedures and disclosure of an individual's HIV status (whether positive or negative) to partners and other parties. Organizations are also obligated to inform clients about state laws regarding the reporting of child abuse, sexual abuse of minors, and elder abuse.
- *HIPAA Compliance/Participant Protection and Confidentiality* – Grantee must maintain the confidentiality of client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II. *For information on HIPAA compliance*, visit: www.hhs.gov/ocr/hipaa.
- *Safety* – Grantee must have guidelines for personal safety and security in non-traditional settings, for assuring minimal safety standards (including biohazard waste disposal) as outlined by the Occupational Safety and Health Administration.
- *Volunteers* – Grantee using volunteers must follow State requirements.
- *Data Security* - Grantee must collect and report data consistent with SAMHSA/CDC requirements to ensure data security and confidentiality. This includes written protocols on how to collect and analyze CTR data according to State and local policies.

5. Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail:

Grantees will be accountable for the results of their Minority SA/HIV/Hep SPF grant project. Grantees are, therefore, expected to play a critical role in providing on-going monitoring and evaluation of all the Minority SA/HIV/Hep SPF project activities. Through these efforts, the grantees will assess program effectiveness, ensure service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices. Grantees will be expected to provide performance data to SAMHSA and the SPF State Incentive Grant Epi Workgroup (if available in their State) on a regular basis, as described in Section 2.3, Data and Performance Measurement, of this announcement. Grantees must be prepared to adjust their implementation plans based on the results of monitoring/evaluation activities.

In addition, grantees are encouraged to submit data and evaluation results when completed, to SAMHSA's National Registry of Effective Programs and Practices (NREPP) for review and rating as effective programs or practices.

2.2 INCLUSION OF REENTRY MINORITY POPULATIONS

Substance abusers are disproportionately involved in criminal activity. According to data from the National Institute of Justice's Arrestee Drug Abuse Monitoring (ADAM), about 66% of adult and more than 50% of juvenile arrestees tested positive for one or more illicit drugs in 1999.

Each year since 1999, approximately 600,000 inmates have been released back into communities, many of which are communities of color. An estimated 33% of these individuals have a substance abuse disorder, and other medical and mental health problems. Of particular concern is that many of these individuals upon their release are unaware of their HIV and hepatitis serostatus and engage in substance abuse and other high-risk behaviors, putting themselves and others at an even greater risk for HIV and hepatitis transmission. Those who are aware of their serostatus often have few connections in the community to help them access local SA, HIV, and/or hepatitis prevention, treatment and other supportive care services.

SAMHSA is committed to reducing the rates of SA, HIV/AIDS, and hepatitis among reentry populations. **Applicants are required to address the need for SA, HIV, and hepatitis prevention services for reentry minority populations as part of their grant project.**

2.3 DATA AND PERFORMANCE MEASUREMENT

1. The Government Performance and Results Act of 1993 (P.L.103-62, or "GPRA") requires all Federal agencies to:

- Develop strategic plans that specify what they will accomplish over a 3- to 5-year period;
- Set performance targets annually related to their strategic plan; and
- Report annually on the degree to which the previous year's targets were met.

The law further requires agencies to link their performance to their budgets. Agencies are expected to evaluate their programs regularly and to use results of these evaluations to explain their successes and failures.

To meet these requirements, SAMHSA must collect performance data from grantees using GPRA and PARTS measures. Grantees are required to report these performance data to SAMHSA on a timely basis so that results are available to support budgetary decisions.

Specifically, grantees will be required to provide data on a set of required measures based on the allowable activities in Section 2.1 of this announcement. The data collection tools to be used for reporting the required data will be provided in the application kits distributed by SAMHSA's clearinghouses and posted on SAMHSA's website. In your application, you must demonstrate your ability to collect and report on these measures, and you may be required to provide some baseline data. The terms and conditions of the grant award also will specify the data to be submitted and the

schedule for submission. Grantees will be required to adhere to these terms and conditions of award.

2. Grantees are required to collect and report on several key measures specific to the rapid HIV testing component of this initiative. SAMHSA may require data collection and reporting from the current HIV Counseling and Testing Report (CTR) Form. However, in the future, there may be additional data measures that grantees will be required to collect. Written assurances agreeing to provide such data, datasets, and written protocols on how to collect and analyze the HIV CTR data, must be submitted in **Appendix 2** of your application.
3. SAMHSA is currently finalizing National Outcome Measures specific to substance abuse prevention that are highly correlated at the local, State and national levels. When the measures are finalized, grantees will be required to collect and report on the SAMHSA's substance abuse prevention measures described in the following table.

National Outcomes		Substance Abuse Prevention Measures
I.	Abstinence from drug use/alcohol abuse	30-day substance use (non-use/reduction in use)-adult and youth
		Perceived risk of use-adult and youth
		Age of first use-adult and youth
		Perceived Disapproval of use-youth
II.	Increased/Retained Employment or Return to School	Consequences of ATOD use in workplace-adult; Suspensions and expulsions related to ATOD and/or violent behavior in school-youth
III.	Decreased Criminal Justice Involvement	ATOD Related Criminal behavior-adult and youth
IV.	Increased Stability in Family and Living Conditions	Family communication-adult and youth
V.	Increased Access to Services	Number of persons served by age, gender, race, and ethnicity
VI.	Increased Social Support/ Social Connectedness	Collective efficacy-adult Community involvement-adult and youth
VII.	Cost Effectiveness	Cost bands (TBD)
VIII.	Use of Evidence-Based Practices	Total number of Evidence-Based programs funded

4. In addition to the required performance data, grantees are required to identify and report the amount of funding supporting reentry minority populations each year of the project. Finally, grantees may choose to collect additional data to monitor progress in addressing site-specific needs identified in their community-wide needs assessment. Applicants should specify and justify any additional measures they plan to collect in their applications.

2.4 GRANTEE MEETINGS

Grantees must budget to send a minimum of two people (including the Project Director and Evaluator) to attend a 3-day mandatory grantee meeting each year of the project. Grantee meetings are usually held in the Washington, D.C. metropolitan area. At these meetings, grantees will present their projects, network with other grantees, and receive extensive technical assistance from federal staff and contractors.

2.5 EVALUATION

Grantees must conduct on-going monitoring and evaluation of their projects to assess program effectiveness. After award, grantees will be required to submit to the CSAP GPO or other designated entity, revisions to their data collection and evaluation plans based on the results of their needs assessment, on-going work of key stakeholders, and the development of the comprehensive strategic plan. Grantees must be prepared to adjust their implementation plans based on the GPO feedback to the project to improve services.

The evaluation must include both process and outcome components. Process and outcome evaluations must measure change related to project goals and objectives over time and compared with baseline data.

Process components should address issues such as:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What effect did the deviations have on the planned intervention and evaluation?
- Who (program, staff) provided what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

Outcome components should address issues such as:

- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- How durable were the effects?

Although control groups are not required, communities must identify potential sources of comparison data at the local (i.e., tribal jurisdictions, county, towns) level. The evaluation plan must be accurately reflected in cost items as part of the overall budget.

No more than 20% of the total grant award may be used for evaluation and data collection and analysis, including GPRA.

In addition to conducting a site-specific evaluation, grantees must participate in a multi-site evaluation conducted by CSAP or under the guise of an authorized organization. This multi-site evaluation may include the use of common data collection instruments and routine data reporting procedures. Grantees must explicitly state their willingness to

participate in the multi-site evaluation in their applications, including their willingness to provide required forms, data and reports related to the multi-site evaluation.

II. AWARD INFORMATION

1. AWARD AMOUNT

It is expected that a total of \$20.6 million will be available to fund 59-82 awards in fiscal year 2005. The average annual award will range from \$250,000-\$350,000 per year in total costs (direct and indirect). The maximum allowable award is \$350,000 in total costs (direct and indirect) per year for up to 5 years. Proposed budgets cannot exceed the allowable amount in any year of the proposed project.

The actual amount available for the awards may vary, depending on unanticipated program requirements and the number and quality of the applications received. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, and timely submission of required data and reports.

2. FUNDING MECHANISM

Awards will be made as cooperative agreements.

Role of the Grantee

The Grantee must comply with the terms of the Minority SA/HIV/Hep SPF Initiative including implementation of all required SPF activities described in Section I.2, *Expectations*, in this grant announcement. The Grantee must agree to provide SAMHSA with all required performance data, collaborate with SAMHSA/CSAP staff in all aspects of the Minority SA/HIV/Hep SPF Initiative, and participate in the cross-site evaluation (including submission of all required forms, data and reports).

Role of Federal Staff

The design of this program necessitates participation of the Government Project Officer in two key aspects of the grant projects: 1) review and approval of the needs assessment (to ensure that the grant activities will be directed to those areas with the greatest need for substance abuse, HIV, and hepatitis prevention, and 2) review and approval of the strategic plan to ensure activities are targeted to the areas with greatest need, and that the identified evidence-based SA, HIV, and hepatitis practice or program is appropriate for the target population. The GPO also will provide on-going monitoring and technical assistance and coordinate the collection and data analysis of GPRA and other performance measurement requirements.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are community-level domestic public and private nonprofit entities.

For example, non-profit community-based organizations, faith-based organizations, colleges and universities, health care delivery organizations, local governments, tribal governments, tribal organizations and tribal urban Indian entities are eligible to apply. Since the purpose of

this RFA is to expand the capacity of community-level domestic public and private non-profit entities, State and national organizations are not eligible to apply.

Eligibility is limited to applicants from geographic areas with high AIDS case rates. Only applicants located in, or in close proximity to and proposing to provide services in, one of the following are eligible to apply:

- a) Geographic areas within States with an annual AIDS case rate of at least 10 cases per 100,000 people.
- b) Metropolitan Statistical Areas (MSAs) with an annual AIDS case rate of at least 20 cases per 100,000 people among minority populations.

See Appendix B of this document for States and MSAs that meet the above criteria based on data from the Centers for Disease Control and Prevention (CDC). Only applicants serving geographic areas within States and MSAs listed in Appendix B can apply. Applicants must specify in Appendix 6 of their applications the MSA or geographic area within a State where services are proposed.

SAMHSA is limiting eligibility to applicants serving MSAs and States listed in Appendix B because, in the absence of consistent data reporting by all jurisdictions, the best indicator of the magnitude of the epidemic is AIDS case rates derived from the CDC HIV/AIDS surveillance reports.

2. COST SHARING

Cost sharing is not required in this program, and applications will not be screened out on the basis of cost sharing. However, you may include cash or in-kind contributions in your proposal as evidence of commitment to the proposed project. Reviewers may consider this information in evaluating the quality of the application.

3. OTHER

3.1 Additional Eligibility Requirements

Applications must comply with the following requirements, or they will be screened out and will not be reviewed: use of the PHS 5161-1 application; application submission requirements in Section IV-3 of this document; and formatting requirements provided in Section IV-2.3 of this document.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. Therefore, in addition to the basic eligibility requirements specified in this announcement, applicants must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct substance abuse prevention services appropriate to the grant must be involved in each application. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each direct service provider organization must have at least 2 years experience providing services in the geographic area(s) covered by the application, as of the due date of the application; and
- Each direct service provider organization must comply with all applicable local (i.e., town, city, county) and State/tribal licensing, accreditation, certification requirements as of the due date of the application. [Note: SAMHSA/CSAP understand that prevention service providers generally are not subject to licensing, accreditation or certification requirements. However, other service provider organizations participating in the project, such as health care providers and/or substance abuse treatment providers, may be subject to licensure, accreditation and/or certification requirements.]

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license.]

In **Appendix 7** of the application, you must: (1) identify at least one provider of direct substance abuse prevention services, (2) include a list of all direct service provider organizations that have agreed to participate in the proposed project, including type of services each provides; and (3) include the Statement of Assurance (provided in Appendix D of this announcement), signed by the authorized representative of the applicant organization identified on the face-page of the application, that all participating service provider organizations:

- Meet the 2-year experience requirement,
- Meet applicable licensing, accreditation, certification requirements, and,
- If the application is within the funding range, will provide the Government Project Officer (GPO) with the required documentation within the time specified.

In addition, if, following application review, an application's score is within the fundable range for a grant award, the GPO will call the applicant and request that the following documentation be sent by overnight mail:

- A letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization that has agreed to participate in the project;
- Official documentation that all participating organizations have been providing relevant services for a minimum of 2 years before the date of the application in the area(s) in which the services are to be provided; and

- Official documentation that participating service provider organizations comply with all applicable local (city, county) and State/tribal requirements for licensing, accreditation, certification, or other official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.

If the GPO does not receive this documentation within the time specified, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

IV. APPLICATION AND SUBMISSION INFORMATION

To ensure that you have met all submission requirements, a checklist is provided for your use in Appendix A of this document.

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

You also may download the required documents from the SAMHSA web site at www.samhsa.gov. Click on 'Grants.'

Additional materials available on this web site include:

- Technical assistance manual for potential applicants;
- Standard terms and conditions for SAMHSA grants;
- Guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- Enhanced instructions for completing the PHS 5161-1 application.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

2.1 APPLICATION KIT

SAMHSA application kits include the following documents:

- PHS 5161-1 (revised July 2000) – Includes the face page, budget forms, assurances, certification, and checklist. Use the PHS 5161-1, unless otherwise specified in the NOFA. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**
- Request for Applications (RFA) – This document is the RFA. It provides specific information about availability of funds along with instructions for completing the grant application. The RFA will be available on the SAMHSA website

(www.samhsa.gov), and a synopsis of the RFA will be posted on the Federal grants website (www.grants.gov).

You must use all of the above documents in completing your application.

2.2 REQUIRED APPLICATION COMPONENTS

To ensure equitable treatment of all applications, applications must be complete. In order for your application to be complete, it must include the required ten application components (Face Page, Abstract, Table of Contents, Budget Form, Project Narrative and Supporting Documentation, Appendices, Assurances, Certifications, Disclosure of Lobbying Activities, and Checklist).

- ❑ **Face Page** – Use Standard Form (SF) 424, which is part of the PHS 5161-1. [Note: Beginning October 1, 2003, applicants will need to provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants will be required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet web site at www.dunandbradstreet.com or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application.]
- ❑ **Abstract** – Your total abstract should not be longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- ❑ **Table of Contents** – Include page numbers for each of the major sections of your application and for each appendix.
- ❑ **Budget Form** – Use SF 424A, which is part of the PHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix H of this Program Announcement.
- ❑ **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 30 pages. For example, remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.
- ❑ The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions.

- *Section E – Literature Citations.* This section must contain complete citations, including titles and all authors, for any literature you cite in your application.
 - *Section F - Budget Justification, Existing Resources, Other Support.* You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Be sure to show that no more than 20% of the total grant award will be used for data collection and evaluation, including GPRA.
 - *Section G - Biographical Sketches and Job Descriptions.*
 - Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
 - Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
 - Sample sketches and job descriptions are listed on page 22, Item 6 in the Program Narrative section of the PHS 5161-1.
 - *Section H - Confidentiality and SAMHSA Participant Protection/Human Subjects.* Section IV-2.4 of this document describes requirements for the protection of the confidentiality, rights and safety of participants in SAMHSA-funded activities. This section also includes guidelines for completing this part of your application.
- ❑ **Appendices 1 through 7–** Use only the appendices listed below. If your application includes any appendices not required in the grant announcement, they will be disregarded. Do not use more than a total of 30 pages for Appendices 1, 3, 4, 6 and 7 combined. There are no page limitations for Appendices 2 and 5. Do not use appendices to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do.
- *Appendix 1:* Letters of commitment/support from service provider organizations that have agreed to participate in the SA/HIV/Hep project in your proposed catchment area.
 - *Appendix 2:* Data Collection Instruments/Interview Protocols
 - *Appendix 3:* Sample Consent Forms
 - *Appendix 4:* Letter to the SSA (if applicable; see Section IV-4 of this document)
 - *Appendix 5:* A copy of an existing community-wide (i.e., town, city, county) needs assessment

- *Appendix 6:* Identification of geographic area within eligible MSA or State where services will be provided.
- *Appendix 7:* Credentialing
 1. Identification of at least one provider of direct substance abuse prevention services
 2. A list of all direct service provider organizations that have agreed to participate in the proposed project, including type of services each one provides;
 3. Statement of Assurance (provided in Appendix D of this announcement), signed by the authorized representative of the applicant organization identified on the face-page of the application, that assures SAMHSA: 1) that all listed providers meet the 2-year experience requirement and meet applicable licensing, accreditation, certification requirements, and 2) that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the time specified.
- ❑ **Assurances – Non-Construction Programs.** Use Standard Form 424B found in PHS 5161-1. Applicants for the Minority SA/HIV/Hep SPF are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. The SMA 170 will be posted on SAMHSA’s web site with this RFA and provided in the application kits available at SAMHSA’s clearinghouse (NCADI).
- ❑ **Certifications** – Use the “Certifications” forms found in PHS 5161-1.
- ❑ **Disclosure of Lobbying Activities** – Use Standard Form LLL found in the PHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes, or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way.
- ❑ **Checklist** – Use the Checklist found in PHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications and is the last page of your application.

2.3 APPLICATION FORMATTING REQUIREMENTS

Applicants also must comply with the following basic application requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

- ☐ Information provided must be sufficient for review.
- ☐ Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”)
 - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
 - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- ☐ Paper must be white paper and 8.5 inches by 11.0 inches in size.
- ☐ To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”)
 - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the 30-page limit for the Project Narrative.
 - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by 30. This number represents the full page less margins, multiplied by the total number of allowed pages.
 - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, following these guidelines will help reviewers to consider your application.

- ☐ Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
- ☐ Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the

abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.

- ☐ The page limit of a total of 30 pages for Appendices 1, 3, 4, 6 and 7 combined should not be exceeded.
- ☐ Send the original application and two copies to the mailing address in Section IV-6.1 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Guidance for Electronic Submission of Applications

SAMHSA is now offering the opportunity for you to submit your application to us either in electronic or paper format. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the www.Grants.gov apply site. You will be able to download a copy of the application package from www.Grants.gov, complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

You must search the Grants.gov site for the downloadable application package, by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at: www.Grants.gov apply site, on the Customer Support tab. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least **two weeks** (10 business days) for these registration processes, prior to submitting your application. The processes are: DUNS Number registration, Central Contractor Registry (CCR) registration, Credential Provider registration, and Grants.gov registration.

It is strongly recommended that you submit your grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit a PDF file. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described above, and in Appendix A of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help to ensure the accurate transmission and equitable treatment of applications.

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed 15,450 words. **Any part of the Project Narrative in excess of the word limit will not be submitted to review.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of this announcement. The paper submission must be clearly marked: “Back-up for electronic submission.” The paper submission must conform with all requirements for non-electronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number.

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424), the assurances (SF 424B), and the certifications, and hard copy of any other required documentation that

cannot be submitted electronically. **You must reference the Grants.gov tracking number for your application, on these documents with original signatures, and send the documents to the following address. The documents must be received at the following address within 5 business days of your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications

For other delivery service (DHL, Falcon Carrier, Federal Express, United Parcel Service):

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20850**
ATTN: Electronic Applications

If you require a phone number for delivery, you may use (240) 276-1199.

2.4 SAMHSA Confidentiality and Participant Protection Requirements or Protection of Human Subjects Regulations

Applicants must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section H of the application, using the guidelines provided below. Problems with confidentiality, participant protection, and protection of human subjects identified during peer review of the application may result in the delay of funding.

Confidentiality and Participant Protection:

All applicants must describe how they will address requirements for each of the following elements relating to confidentiality and participant protection.

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, **including risks to confidentiality**.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.).
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Appendix 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality:

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part 2.**

6. Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.

- Possible risks from participation in the project.
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Appendix 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion:

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

Applicants may also have to comply with the Protection of Human Subjects Regulations (45 CFR 46), depending on the evaluation and data collection procedures proposed and the population to be served.

Applicants must be aware that even if the Protection of Human Subjects Regulations do not apply to all projects funded, the specific evaluation design proposed by the applicant may require compliance with these regulations.

Applicants whose projects must comply with the Protection of Human Subjects Regulations must describe the process for obtaining Institutional Review Board (IRB) approval fully in their applications. While IRB approval is not required at the time of grant award, these applicants will be required, as a condition of award, to provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP) and the IRB approval has been received prior to enrolling any clients in the proposed project.

General information about Protection of Human Subjects Regulations can be obtained on the web at <http://www.hhs.gov/ohrp>. You may also contact OHRP by e-mail (ohrp@osophs.dhhs.gov) or by phone (301/496-7005). SAMHSA-specific questions related to Protection of Human Subjects Regulations should be directed to the program contact listed in Section VII of this RFA.

3. SUBMISSION DATES AND TIMES

Applications must be received by March 17, 2005. Hand carried applications will not be accepted. Applications may be shipped using only DHL, Falcon Carrier, Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).

Your application must be received by the application deadline, or you must have proof of its timely submission as specified below.

- For packages submitted via DHL, Falcon Carrier, Federal Express (FedEx), or United Parcel Service (UPS), timely submission shall be evidenced by a delivery service receipt indicating the application was delivered to a carrier service at least 24 hours prior to the application deadline.
- For packages submitted via the United States Postal Service (USPS), proof of timely submission shall be a postmark not later than 1 week prior to the application deadline, and the following upon request by SAMHSA:
 - Proof of mailing using USPS Form 3817 (Certificate of Mailing), or
 - A receipt from the Post Office containing the post office name, location, and date and time of mailing.

You will be notified by postal mail that your application has been received.

Applications not meeting the timely submission requirements above will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. Allow sufficient time for your package to be delivered.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application, and that results in the designated office not receiving your application in accordance with the requirements for timely submission, it will cause the application to be considered late and ineligible for review.

SAMHSA will not accept or consider any applications sent by facsimile.

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

Executive Order 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100, sets up a system for State and local review of applications for Federal financial assistance. A current listing of State Single Points of Contact (SPOCs) is included in the application kit and can be downloaded from the Office of Management and Budget (OMB) web site at www.whitehouse.gov/omb/grants/spoc.html.

- Check the list to determine whether your State participates in this program. You **do not** need to do this if you are a federally recognized Indian tribal government.
- If your State participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the State's review process.
- For proposed projects serving more than one State, you are advised to contact the SPOC of each affiliated State.
- The SPOC should send any State review process recommendations to the following address within 60 days of the application deadline:

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: SPOC – Funding Announcement No. SP 05-001

For other delivery service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20850**

ATTN: SPOC – Funding Announcement No. SP 05-001

In addition, community-based, non-governmental service providers who are not transmitting their applications through the State must submit a Public Health System Impact Statement (PHSIS) (approved by OMB under control no. 0920-0428; see burden statement below) to the head(s) of appropriate State or local health agencies in the area(s) to be affected no later than the pertinent receipt date for applications. The PHSIS is intended to keep State and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. State and local governments and Indian tribal government applicants are not subject to these requirements.

The PHSIS consists of the following information:

- A copy of the face page of the application (SF 424); and
- A summary of the project, no longer than one page in length, that provides: 1) a description of the population to be served, 2) a summary of the services to be provided, and 3) a description of the coordination planned with appropriate State or local health agencies.

For SAMHSA grants, the appropriate State agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs can be found on SAMHSA's web site at www.samhsa.gov. If the proposed project falls within the jurisdiction of more than one State, you should notify all representative SSAs.

Applicants who are not the SSA must include a copy of a letter transmitting the PHSIS to the SSA in **Appendix 4, "Letter to the SSA."** The letter must notify the State that, if it wishes to comment on the proposal, its comments should be sent not later than 60 days after the application deadline to:

Substance Abuse and Mental Health Services Administration (SAMHSA)
Office of Program Services, Review Branch
1 Choke Cherry Rd, 8th Floor
Rockville, MD 20857
ATTN: SSA – Funding Announcement No. **SP 05-001**

In addition:

- Applicants may request that the SSA send them a copy of any State comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

[Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the face page of SF 424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).]

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Governments: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Appendix D Hospitals: 45 CFR Part 74

In addition, the Minority SA/HIV/Hep SPF grantees must comply with the following funding restrictions:

- No more than 20% of the total grant award may be used for evaluation and data collection, including GPRA.

Service Grant funds must be used for purposes supported by the Minority SA/HIV/Hep SPF program and may not be used to:

- Pay for any lease beyond the project period.
- **Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).**
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Pay for incentives to induce individuals to enter treatment. However, a grantee or treatment provider may provide up to \$20 or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow-up. This amount may be paid for participation in each required interview.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

6. OTHER SUBMISSION REQUIREMENTS

6.1 WHERE TO SEND APPLICATIONS

(Guidance for Electronic Submission of Applications is contained in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.)

For US Postal Service:

Crystal Saunders
Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 3-1044
Rockville, MD **20857**

For Other Delivery Services:

Crystal Saunders
Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 3-1044
Rockville, MD **20850**

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include the funding announcement number from the NOFA in item number 10 on the face page of the application. If you require a phone number for delivery, you may use (240) 276-1199.

6.2 HOW TO SEND APPLICATIONS

(Guidance for Electronic Submission of Applications is contained in Section IV-2.3 of this announcement. Following are instructions for submission of paper applications.)

Mail or deliver an original application and 2 copies (including appendices) to the mailing address provided above, according to the instructions in Section IV-3. The original and copies must not be bound. Do not use staples, paper clips, or fasteners. Nothing should be attached, stapled, folded, or pasted.

You must use a recognized commercial or governmental carrier. **Hand carried applications will not be accepted. Faxed or e-mailed applications will NOT be accepted.**

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

Your application will be reviewed and scored according to the quality of your response to the requirements listed below for developing the Project Narrative (Sections A-D). These sections describe what you intend to do with your project.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program. **These are to be used instead of the "Program Narrative" instructions found in the PHS 5161-1.**
- The Project Narrative (Sections A-D) together may be no longer than 30 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. Be sure to place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Reviewers will be looking for evidence of cultural competence in each section of the Project Narrative. Points will be assigned based on how well you address the cultural competence aspects of the evaluation criteria. SAMHSA's guidelines for cultural competence can be found on the SAMHSA web site at www.samhsa.gov. Click on "Grants".
- The Supporting Documentation you provide in Sections E-H and Appendices 1-7 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Bullet statements in each section do not have points assigned to them. They are provided to invite the attention of applicants and reviewers to important areas within the criterion.

SECTION A: STATEMENT OF NEED (30 POINTS)

- **Documentation of AIDS Case Rate in Target Area/Population (15 Points) – Applicants should document that the AIDS case rate exceeds 10 per 100,000 people in the city/county where services will be provided, as evidenced by the Centers for Disease Control and Prevention (CDC), the relevant city or county public health department/agency or other reliable source.** Specifically, applicants must:
 - identify the geographic area where services will be provided, the city or county in which that area is located, and document the AIDS case rate in that city/county, using data from the CDC, city/county public health department/agency or other reliable source. [Note: Applicants from MSAs listed in Appendix B, may use the rate for minority populations listed in Appendix B.]

- identify the specific target population(s) for the grant project within the geographic area to be served.
- document the AIDS case rate for the target population(s), if the data are available. (If the data are not available, state that fact in the application.)

Note: If neither city/county data are available, applicants may use data from the closest equivalent for which data are available. In some instances, this may be the State. Rural applicants may combine data from multiple counties in order to build a large enough population to document an AIDS case rate.

- **Documentation of Other Factors Contributing to Need in the Target Area/Population (15 Points) – In this section of the Project Narrative, applicants must document that there are other factors (aside from a high AIDS case rate) that create a compelling need for substance abuse (SA), HIV, & hepatitis prevention services in the target area/population.** Specifically, applicants must discuss (and, where appropriate, provide data to document) other major factors contributing to need in the target area/population. These factors may include current service gaps/barriers, gaps in funding for services, and demographic trends suggesting a growing risk of HIV/AIDS in the target area/population. These factors may also include related health/social problems in the target area and experienced by the target population, including hepatitis rates, substance abuse rates (especially rates of injection drug use), homelessness, criminal activity, etc. Finally, these factors may include community, cultural or social norms, values and beliefs in the target area/target population that may influence HIV risk and protective behaviors and, therefore, limit the effectiveness of HIV/AIDS, hepatitis and substance abuse prevention. All applicants must specifically discuss the needs of re-entry populations within the target area.

(Note: All grantees will be required to complete a comprehensive community needs assessment after award. This section of the Project Narrative does not constitute a comprehensive community needs assessment. However, applicants who have recently completed a comprehensive community needs assessment should submit a copy of it in Appendix 5 of their application. Successful applicants with an approved needs assessment focused on both target populations may be able to receive up to five years of funding to carry out Steps 2-5 of the SPF. Successful applicants lacking an assessment of SA, HIV, and/or Hep prevention service needs for reentry minority populations, will be required to begin at Step 1 of the SPF to conduct an in depth assessment on reentry population SA/HIV/Hep prevention service needs).

SECTION B: PROPOSED APPROACH (30 POINTS)

- Clearly state the purpose of the proposed project, including goals and objectives. Describe how implementation of the Minority HIV/SA/Hep SPF project will lead to achieving the goals and objectives, and how this will increase capacity to address SA, HIV, and hepatitis prevention in communities of color reporting high rates of SA, HIV/AIDS, and hepatitis cases.

- Discuss your plans for implementing each step of SAMHSA's Strategic Prevention Framework in the proposed Minority HIV/SA/Hep SPF project.
- Provide a logic model that demonstrates the linkage between the identified need, the proposed approach, and outcomes.
- Provide an outreach strategy to identify and provide services to reentry populations at risk for HIV and hepatitis transmission due to substance abuse.
- Describe plans for forming and mobilizing a workgroup of key stakeholders that also includes, but is not limited to, representatives from the list of planning groups and programs. Include a description of their roles and functions, and frequency of meetings. Demonstrate key stakeholders commitment to the project by including in Appendix 1 of the application, letters of commitment, coordination, and support. These letters from key stakeholders must describe commitment to providing referral sources and linkages to care.
- Describe plans to implement culturally appropriate policies, programs and practices related to the proposed project. Describe how activities will improve SA, HIV, and hepatitis prevention services in the proposed catchment area.
- Describe potential barriers related to the implementation of the proposed project and how they will be resolved.
- Provide a plan to secure resources to sustain the proposed project when Federal funds subside.
- Describe how members of both minority and reentry populations were involved in the preparation of the application, and how they will be involved in the planning, implementation, and evaluation of the project.

SECTION C: STAFF AND MANAGEMENT CAPACITY, AND RELEVANT EXPERIENCE (20 POINTS)

- Provide a realistic timeline for the project management (chart or graph) showing key activities, milestones, and responsible staff. **[Note: Include the time line in the Project Narrative. It should not be placed in an appendix.]**
- Discuss the capability and experience of the applicant organization and other partnering organizations with similar projects, including experience in implementing culturally appropriate/competent prevention interventions.
- Provide position descriptions of key staff (Project Director, Project Evaluator, and other key personnel) assigned to the Minority SA/HIV/Hep SPF project. Include a description of their role with the project, level of effort, and qualifications.

- Describe the resources available for the proposed project (e.g., facilities, equipment). Provide evidence that any direct services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population.

SECTION D: EVALUATION AND DATA (20 POINTS)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.3. Specify and justify any additional measures you plan to use for your grant project.
- Describe plans for data collection, management, analysis, interpretation and reporting. Describe the existing approach to the data collection, along with any necessary modifications. Be sure to include site-specific data collection instruments/interview protocols (i.e., those not required by CSAP) in **Appendix 2** of your application.
- Discuss the reliability and validity of evaluation methods and instrument(s) in terms of the gender/age/culture of the target population.
- Describe the process and outcome evaluation, including assessments of implementation and individual outcomes. Show how the evaluation will be integrated with requirements for performance data collection and reporting including data required by SAMHSA to meet GPRA requirements.
- Describe how the evaluation will be used to ensure the fidelity to the practice.
- Describe plans to track SAMHSA's National Outcome Measures (listed in Section 2.3, **Data and Performance Measurement**) and financial data generated by the project over time, and utilizing these data in ongoing project planning and development.
- Discuss the reliability and validity of evaluation methods and instruments in terms of the gender/age/culture of the target population.

NOTE: Although the budget for the proposed project is not a review criterion, the IRG will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the review criteria listed above. CSAP's National Advisory Council will review applications following the initial reviews since the Minority SA/HIV/Hep SPF grant awards exceed \$100,000.

Decisions to fund a grant are based on:

- The strengths and weaknesses of the application as identified by peer reviewers and, when appropriate, approved by the appropriate National Advisory Council;
- Availability of funds;
- Equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among target populations and program size; and
- After applying the aforementioned criteria, the following method for breaking ties: When funds are not available to fund all applications with identical scores, SAMHSA will make award decisions based on the application(s) that received the greatest number of points by peer reviewers on Section A (Statement of Need) in their Project Narrative. Should a tie still exist, the score on Section B (Proposed Approach) will be used, followed by Section C (Staff/Management Capacity and Relevant Experience) and then Section D (Evaluation and Data).

VI. AWARD ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project. It is sent by postal mail and is addressed to the contact person listed on the face page of the application.

If you are not funded, you can re-apply if there is another receipt date for the program.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

2.1 GENERAL REQUIREMENTS

- Grantees must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA web site at www.samhsa.gov/grants/generalinfo/useful_info.aspx.
- Depending on the nature of the specific funding opportunity and/or the proposed project as identified during review, additional terms and conditions may be negotiated with the grantee prior to grant award. These may include, for example:
 - Actions required to be in compliance with human subjects requirements;
 - Requirements relating to additional data collection and reporting;
 - Requirements relating to participation in a cross-site evaluation; or
 - Requirements to address problems identified in review of the application.

- Grantees will be held accountable for performance targets. SAMHSA program officials will examine the progress in meeting goals and objectives, failures and strategies for overcoming them, and provide annual recommendations on project continuation and the amount of the continuation award. **Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.**
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants. Applicants are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

3.1 PROGRESS AND FINANCIAL REPORTS

- Grantees must provide quarterly, annual, and final progress reports. The final progress report must summarize information from the quarterly and annual reports, describe the accomplishments of the project, and describe next steps for implementing plans developed during the grant period.
- Grantees must provide annual and a final financial status report. These reports may be included as separate sections of quarterly and final progress reports or can be separate documents. Because SAMHSA is committed to ensuring that prevention services are sustained, grantees must provide plans to sustain efforts initiated under this grant in their financial status reports. **Initial plans for sustainability should be described in year 1 of the grant period.** Grantees are required to provide the status of the Minority SA/HIV/Hep SPF project, successes achieved and obstacles encountered in each subsequent year.
- SAMHSA will provide guidelines and requirements for these reports to grantees at the time of award and at the initial grantee orientation meeting after award. SAMHSA staff will use the information contained in the reports to determine the grantee’s progress toward meeting its goals.

3.2 GOVERNMENT PERFORMANCE AND RESULTS ACT

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s Minority SA/HIV/Hep SPF Grants are described in Section I-2.3 of this document under “Data and Performance Measurement”.

3.3 PUBLICATIONS

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2129) of any materials based on the SAMHSA-funded project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

FOR QUESTIONS ON PROGRAM ISSUES, CONTACT:

Claudia Richards, M. S. W.
Chief, HIV & Behavioral Health Issues Branch
Division of Knowledge Application and Systems Improvement
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Rd.
Rockville, MD 20857
Work: (240) 276-2400
Technical Assistance: (240) 276-2409
E-Mail: rhti@samhsa.gov

FOR QUESTIONS ON GRANTS MANAGEMENT ISSUES, CONTACT:

Kimberly Pendleton
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1097
Rockville, Maryland 20857
(240) 276-1421
kimberly.pendleton@samhsa.hhs.gov

APPENDIX A - Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

*SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.** In addition to these formatting requirements, programmatic requirements (e.g., relating to eligibility) may be stated in the specific NOFA and in Section III of the standard grant announcement. Please check the entire NOFA and Section III of the standard grant announcement before preparing your application.*

- ☐ Use the PHS 5161-1 application.
- ☐ Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the grant announcement.
- ☐ Information provided must be sufficient for review.
- ☐ Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate in Section IV-2.3 of this announcement under "Guidance for Electronic Submission of Applications.")
 - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
 - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- ☐ Paper must be white paper and 8.5 inches by 11.0 inches in size.
- ☐ To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate in Section IV-2.3 of this announcement under "Guidance for Electronic Submission of Applications.")
 - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the specific funding announcement.
 - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
 - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- ☐ The 10 application components required for SAMHSA applications should be included. These are:
 - Face Page (Standard Form 424, which is in PHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in PHS 5161-1)
 - Project Narrative and Supporting Documentation
 - Appendices
 - Assurances (Standard Form 424B, which is in PHS 5161-1)
 - Certifications (a form within PHS 5161-1)
 - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
 - Checklist (a form in PHS 5161-1)
- ☐ Applications should comply with the following requirements:
 - Provisions relating to confidentiality, participant protection and the protection of human subjects specified in Section IV-2.4 of the FY 2005 standard funding announcements.
 - Budgetary limitations as specified in Section I, II, and IV-5 of the FY 2005 standard funding announcements.
 - Documentation of nonprofit status as required in the PHS 5161-1.
- ☐ Pages should be typed single-spaced in black ink, with one column per page. Pages should not have printing on both sides.
- ☐ Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- ☐ The page limits for Appendices stated in the specific funding announcement should not be exceeded.
- ☐ Send the original application and two copies to the mailing address in the funding announcement. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

APPENDIX B

ELIGIBLE STATES

States with AIDS Case Rates Greater than 10 per 100,000 People, reported through December 2002 (Source: National Centers for Disease Control and Prevention)

State	Rate
Arizona	11.5
California	12.4
Connecticut	17.9
Delaware	23.9
District of Columbia	162.4
Florida	30.3
Georgia	17.2
Hawaii	10.3
Illinois	16.7
Louisiana	26.0
Maryland	34.0
Massachusetts	12.6
Mississippi	15.1
Nevada	14.4
New Jersey	16.7
New York	34.8
North Carolina	12.8
Pennsylvania	14.7
Rhode Island	10.0
South Carolina	20.3
Tennessee	13.7
Texas	14.4
Virginia	13.1

ELIGIBLE METROPOLITAN STATISTICAL AREAS (MSAs)

(MSAs in 50 states and D.C with a population of 500,000 and more, 50 or more reported AIDS Cases, and 20 or greater AIDS rates/100,000 among Minority Adult/Adolescent Populations)

METROPOLITAN STATISTICAL AREA	Reported AIDS Cases In 2002	AIDS Rates In 2002
Albany-Schenectady-Troy, NY	58	68.6
Atlanta, GA	806	58.7
Austin-San Marcos, TX	113	27.7
Bakersfield, CA	84	32.7
Baltimore, MD	1,099	161
Baton Rouge, LA	267	156.4
Bergen-Passaic, NJ	102	25.9
Birmingham, AL	88	35.3
Boston-Brockton-Nashua, MA-NH Necma	420	53
Buffalo-Niagara Falls, NY	53	33.9
Charleston, SC	109	68.4
Charlotte-Gastonia-Rock Hill, NC-SC	166	45.6
Chicago, IL	1,359	50.2
Cincinnati, OH-KY-IN	106	51.3
Cleveland-Lorain-Elyria, OH	112	26.8
Columbia, SC	180	109.6
Columbus, OH	62	25.9
Dallas, TX	464	37
Daytona Beach, FL	64	85.3
Denver, CO	119	23.8
Detroit, MI	435	42.8
Fort Lauderdale, FL	523	87.2
Fort Worth-Arlington, TX	104	22
Greensboro/Winston-Salem/H.Pt., NC	88	31.3
Greenville-Spartanburg-Anderson, SC	57	32.7
Hartford CT Necma	126	62.6
Houston, TX	755	41.6
Indianapolis, IN	128	52.6
Jacksonville, FL	190	72.4
Jersey City, NJ	155	49.4
Kansas City, MO-KS	64	21.4
Las Vegas, NV-AZ	128	27.3
Little Rock-n. Little Rock, AR	55	45.2
Los Angeles-Long Beach, CA	1,080	21.1
Louisville, KY-IN	58	40.5
Memphis, TN-AR-MS	337	78
Miami, FL	1,022	66.2
Middlesex-Somerset-Hunterdon, NJ	97	30.5
Milwaukee-Waukesha, WI	78	27.4
Minneapolis-St. Paul, MN-WI	79	23.3
Mobile, AL	57	43.6
Monmouth-Ocean, NJ	55	40.4
New Haven-Bridgeport-Danbury-Waterbury, CT Necma	216	62.3

METROPOLITAN STATISTICAL AREA	Reported AIDS Cases In 2002	AIDS Rates In 2002
Nashville, TN	123	56.6
Nassau-Suffolk, NY	170	30.7
New Orleans, LA	380	80.9
New York, NY	4,796	106
Newark, NJ	503	74.8
Norfolk-VA Beach-Newport News, VA	232	48
Oakland, CA	217	21.6
Orlando, FL	353	71.3
Philadelphia, PA-NJ	1,071	89.3
Phoenix-Mesa, AZ	198	22.3
Pittsburgh, PA	76	39.4
Providence-Warwick RI Necma	50	37.1
Raleigh-Durham-Chapel Hill, NC	172	51.6
Richmond-Petersburg, VA	72	24.5
Rochester, NY	117	79
San Antonio, TX	157	20.3
San Diego, CA	254	25.9
San Francisco, CA	246	36.1
Sarasota-Bradenton, FL	61	88
Seattle-Bellevue-Everett, WA	109	23.9
Springfield MA Necma	59	59.5
St. Louis, MO-IL	125	27.6
Tampa-St. Pete.-Clearwater, FL	284	59.6
Washington, DC-MD-VA-WV	1,521	85.3
West Palm Beach-Boca Raton, FL	439	153.6
Wilmington-Newark, DE-MD	125	102.8

*CDC HIV/AIDS Surveillance data as of 2002

APPENDIX C – GLOSSARY

Cooperative Agreement: A cooperative agreement is a form of Federal grant. Cooperative agreements are distinguished from other grants in that, under a cooperative agreement, substantial involvement is anticipated between the awarding office and the recipient during performance of the funded activity. This involvement may include collaboration, participation, or intervention in the activity. HHS awarding offices use grants or cooperative agreements (rather than contracts) when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

Cost Sharing or Matching: Cost-sharing refers to the value of allowable non-Federal contributions toward the allowable costs of a Federal grant project or program. Such contributions may be cash or in-kind contributions. For SAMHSA grants, cost-sharing or matching is not required, and applications will not be screened out on the basis of cost-sharing. However, applicants often include cash or in-kind contributions in their proposals as evidence of commitment to the proposed project. This is allowed, and may be considered by reviewers in evaluating the quality of the application.

Fidelity: Fidelity is the degree to which a specific implementation of a program or practice resembles, adheres to, or is faithful to the evidence-based model on which it is based. Fidelity is formally assessed using rating scales of the major elements of the evidence-based model. A toolkit on how to develop and use fidelity instruments is available from the SAMHSA-funded Evaluation Technical Assistance Center at <http://tecathsri.org> or by calling (617) 876-0426.

Grant: A grant is the funding mechanism used by the Federal Government when the principal purpose of the transaction is the transfer of money, property, services, or anything of value to accomplish a public purpose of support or stimulation authorized by Federal statute. The primary beneficiary under a grant or cooperative agreement is the public, as opposed to the Federal Government.

In-Kind Contribution: In-kind contributions toward a grant project are non-cash contributions (e.g., facilities, space, services) that are derived from non-Federal sources, such as State or sub-State non-Federal revenues, foundation grants, or contributions from other non-Federal public or private entities.

Logic Model: A logic model is a diagrammatic representation of a theoretical framework. A logic model describes the logical linkages among program resources, conditions, strategies, short-term outcomes, and long-term impact.

Metropolitan Statistical Areas (MSAs) - A county or group of contiguous counties that contains at least one city with 50,000 or more residents or a Census Bureau-defined urbanized area of at least 50,000 residents that is part of a county or group of counties with population of at least 100,000. In addition to the county or counties that contain all or part of the main city or urbanized area, a MSA may contain other counties that are metropolitan in character and are economically and socially integrated with the main city. In New England, cities and towns, rather than counties, are used to define MSAs. (Source: **U.S. Office of Management and Budget:** <http://www.census.gov/population/www/estimates/metrodef.html>)

Nonmetropolitan Statistical Areas (MSAs) - All remaining census defined areas not within a MSA.

National Registry of Effective Programs and Practices (NREPP) - A SAMHSA resource to review and identify evidence-based programs and practices in the area of substance abuse prevention and treatment, and mental health promotion and treatment. NREPP includes three categories of programs: Effective Programs, Promising Programs, and Model Programs. For more information about NREPP, visit: <http://modelprograms.samhsa.gov>.

Stakeholder: A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

Sustainability: Sustainability is the ability to continue a program or practice after SAMHSA grant funding has ended.

Target Population: The target population is the specific population of people whom a particular program or practice is designed to serve or reach.

APPENDIX D - STATEMENT OF ASSURANCE

As the authorized representative of the applicant organization, I assure SAMHSA that if *{insert name of organization}* application is within the funding range for a grant award, the organization will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- A letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization, listed in Appendix 1 of the application, that has agreed to participate in the project;
- Official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- Official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

Signature of Authorized Representative

Date

APPENDIX E - SAMPLE BUDGET

ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION TO ACCOMPANY SF 424A: SECTION B FOR 01 BUDGET PERIOD

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	Salary being Requested
Project Director	J. Doe	\$30,000	1.0	\$30,000
Secretary	Unnamed	\$18,000	0.5	\$ 9,000
Counselor	R. Down	\$25,000	1.0	\$25,000

Enter Personnel subtotal on 424A, Section B, 6.a. **\$64,000**

Fringe Benefits (24%) \$15,360

Enter Fringe Benefits subtotal on 424A, Section B, 6.b. **\$15,360**

Travel

2 trips for SAMHSA Meetings for 2 Attendees
(Airfare @ \$600 x 4 = \$2,400) + (per diem
@ \$120 x 4 x 6 days = \$2,880) \$5,280
Local Travel (500 miles x .24 per mile) 120

Enter Travel subtotal on 424A, Section B, 6.c. **\$ 5,400**

Equipment (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) \$5000.

Enter Equipment subtotal on 424A, Section B, 6.d.

ILLUSTRATION OF DETAILED BUDGET AND NARRATIVE JUSTIFICATION (cont'd.)

Supplies

Office Supplies	\$500
Computer Software - 1 WordPerfect	\$500

Enter Supplies subtotal on 424A, Section B, 6.e. \$1,000

Contractual Costs

Evaluation

Job Title	Name	Annual Salary	Salary being Requested	Level of Effort
Evaluator	J. Wilson	\$48,000	\$24,000	0.5
Other Staff		\$18,000	\$18,000	1.0

Fringe Benefits (25%) \$10,500

Travel

2 trips x 1 Evaluator (\$600 x 2)	\$ 1,200
Per Diem @ \$120 x 6	\$ 720
Supplies (General Office)	\$ 500

Evaluation Direct \$54,920

Evaluation Indirect Costs (19%) \$10,435

Evaluation Subtotal \$65,355

Training

Job Title	Name	Level of Effort	Salary being Requested
Coordinator	M. Smith	0.5	\$ 12,000
Admin. Asst.	N. Jones	0.5	\$ 9,000
Fringe Benefits (25%)			\$ 5,250

Travel

2 Trips for Training	
Airfare @ \$600 x 2	\$ 1,200
Per Diem \$120 x 2 x 2 days	\$ 480
Local (500 miles x .24/mile)	\$ 120

Supplies

Office Supplies	\$ 500
Software (WordPerfect)	\$ 500

Other

Rent (500 Sq. Ft. x \$9.95)	\$ 4,975
Telephone	\$ 500
Maintenance (e.g., van)	\$ 2,500
Audit	\$ 3,000

Training Direct	\$ 40,025
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Training Indirect	\$ -0-
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Enter Contractual subtotal on 424A, Section B, 6.f.	\$105,380
--	------------------

Other

Consultants = Expert @ \$250/day X 6 day \$ 1,500
(If expert is known, should list by name)

Enter Other subtotal on 424A, Section B, 6.h.	\$ 1,500
--	-----------------

Total Direct Charges (sum of 6.a-6.h)

Enter Total Direct on 424A, Section B, 6.i.	\$192,640
--	------------------

Indirect Costs

15% of Salary and Wages (copy of negotiated
indirect cost rate agreement attached)

Enter Indirect subtotal of 424A, Section B, 6.j.	\$ 9,600
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TOTALS

Enter TOTAL on 424A, Section B, 6.k.	\$202,240
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JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self-explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these components relate to the overall project.

OTHER - Generally self-explanatory. If consultants are included in this category, explain the need and how the consultant's rate has been determined.

INDIRECT COST RATE - If your organization has no indirect cost rate, please indicate whether your organization plans to a) waive indirect costs if an award is issued, or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.

CALCULATION OF FUTURE BUDGET PERIODS

(Based on first 12-month budget period)

Review and verify the accuracy of future year budget estimates. Increases or decreases in the future years must be explained and justified and no cost of living increases will be honored. (NOTE: new salary cap of \$175,700 is effective for all FY 2005 awards.)*

	First 12-month Period	Second 12-month Period	Third 12-month Period
Personnel			
Project Director	30,000	30,000	30,000
Secretary**	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

*Consistent with the requirement in the Consolidated Appropriations Act, Public Law 108-199.

**Increased from 50% to 100% effort in 02 through 03 budget periods.

Fringe Benefits (24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	-0-	-0-	-0-
Supplies***	1,000	520	520

***Increased amount in 01 year represents costs for software.

Contractual Evaluation****	65,355	67,969	70,688
Training	40,025	40,025	40,025

****Increased amounts in 02 and 03 years are reflected of the increase in client data collection.

Other	1,500	1,500	1,500
Total Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	9,600	9,600
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month budget period are entered on Form 424A, Section B, Column (1), lines 6a-6i. The total Federal dollars requested for the second up to the fifth 12-month budget periods are entered on Form 424A, Section E, Columns (b) – (e), line 20. The RFA will specify the maximum number of years of support that may be requested.